

## 106. ECI Forms

# FAX COVER SHEET

**TO: ECI (334) 416-4679 DSN 596-4679**

**FROM:**

name/CAP grade

address

city, state, zip

REGISTRAR: Please process the attached ECI Form 23.

ECI ENROLLMENT APPLICATION											
(TYPE or PRINT clearly. Fill out in accordance with instruction in the ECI Catalog.)											
<b>PRIVACY ACT STATEMENT</b> 1. AUTHORITY: 44 USC 3101; 3011; 10 USC 8012; EO 9397 2. PRINCIPAL PURPOSE: Used for individuals to provide information to ECI for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide ECI course enrollment. 4. DISCLOSURE: Voluntary. However, if information is not provided, enrollment cannot be accomplished.											
1. ECI COURSE NUMBER				2. SOCIAL SECURITY ACCOUNT NUMBER				3. IDENTITY CODE? CATEGORY			
<div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ]</span> <span>[ ] [ ] [ ] [ ] [ ] [ ]</span> </div>				<div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ]</span> </div>				<div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ]</span> </div>			
4. NAME (Last, First, Middle Initial)						5. PAY GRADE		6. REASON FOR ENROLLMENT CODES			
7. ADDRESS (All enrollees use address of Unit Training Office)  <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>						8. TCO PHONE (DSN)		1. <input type="checkbox"/> MANDATORY 2. <input type="checkbox"/> VOLUNTARY			
11. ZIP CODE/SHED OF TEST CONTROL FACILITY <div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</span> </div>						9. COURSE TITLE					
						10. SIGNATURE AND TITLE OF APPROVING OFFICIAL					
						SIGNATURE					
						TITLE					

**DO NOT REMOVE THIS FORM FROM THE PAMPHLET.  
MAKE A COPY.**